

www.mass.gov/abcc

LICENSE NUMBER:	000800001		CITY OR TOWN	ACUSHNE	ΣT
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	ARMAND'S OF SO	UTHEASTERN M.	ASS, INC.		
DOING BUSINESS A	BLUE POINT RES	STAURANT			
ADDRESS 6 DAYTO	ON ST				
CITY/TOWN: ACUS	SHNET	STATE: MA	ZIP CODE:	02743	
MANAGER: RICCA	ARDI, DAVID TYPI	E OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISE	ES:			
3 ROOMS CONSISTI ROOM FOR STOCK NORTH SIDE OF DA	AND NO BASEME	NT,IN A ONE STO	RY BLDG SITUAT	ED ON THE	
I hereby certify and sw	vear under penalties o	of perjury that:			
	d license will be of th	• •	-		
	e has complied with a		ě	taxes; and	
3. the premise	es are now open for b	usiness (If not expla	in below)		
SIGNED BY	Individual, Partner of	or Authorized Corpo	rate Officer		
	,				
DATE:	TELEPHONE	NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
	TEEETHOTE	TOMBER.	(Note: NOT Indi	ividual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and the head	l of the fire departn	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTH(ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					



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LICENSE NUMBER	R: 000800002		C	ITY OR TOW	N ACUSHNI	ET
APPLICATION FOR	R RENEWAL:	Annu	al	LIC	ENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 71 HOPP		`#265 AMER	.LEG.DE	EPT.OF MA.IN	NC.	
CITY/TOWN: ACU	JSHNET	STATE:	MA	ZIP CODE:	02743	
MANAGER: DEM	IARS, LIONEL TYP	E OF LICEN	SE: Veter	ans club	CATEGORY:	All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER				
ENTIRE FIRST FLO	OOR OF A ONE STO	RY BUILDI	NG AT 71	HOPE ST,A	CUSHNET.	
2. the licens	red license will be of the ee has complied with sess are now open for the sess are now open for	all laws of the	Commo	nwealth relatin		
SIGNED BY	Individual, Partner	or Authorized	Corpora	te Officer		
DATE:	TELEPHONI	E NUMBER:			YER IDENTIFICAT	
Acts of 2004, signed	d, attest that we are d by the building ins (2) the certificate of	pector and tl	e head o	f the fire depa	artment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)			LOCAL LICE By:	ENSING AUTH	ORITY
DATE:						
APPLICATION FOR RENEV	WAL MUST BE FILED BY LI	CENSEES DURIN	G THE MON	TH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER	R: 000800006		CITY OR TO	WN ACUSHNI	ΞT
APPLICATION FOR	R RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	RASCALS INC.				
DOING BUSINESS	A BLUE LANTE	RN CAFE			
ADDRESS 605 MA	IN STREET				
CITY/TOWN: ACT	USHNET	STATE: MA	ZIP CODI	E: 02743	
MANAGER: HIPO	OLITO,PAUL TY	YPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF					
		O FLR WITH STOCK THE FIRST FLOOR C			ROOM,
I hereby certify and s	swear under penaltie	es of perjury that:			
1. the renew	red license will be o	of the same type for the	e same premises	now licensed;	
2. the licens	ee has complied wit	th all laws of the Com	monwealth relat	ing to taxes; and	
3. the premi	ses are now open for	or business (If not expl	lain below)		
SIGNED BY	Individual, Partno	er or Authorized Corp	orate Officer		
DATE:	TELEPHO.	NE NUMBER:		OYER IDENTIFICAT	
Acts of 2004, signed	d by the building i	re in possession (1) th nspector and the hea of liquor liability insu	d of the fire de	partment for the	above
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain	oin)				
(11 disappioved expla	am <i>)</i>				
D.A.WE					
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED BY	LICENSEES DURING THE M	MONTH OF NOVEME	ER (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER: 00080000)7	CITY OR TOWN ACUSHNET
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: PONDER	OSA	
DOING BUSINESS A PONDE	ROSA	
ADDRESS 242 ROBINSON RI		
CITY/TOWN: ACUSHNET	STATE: MA	ZIP CODE: 02743
MANAGER: KOCZERA, STEVEN H	TYPE OF LICENSE: Res	staurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS
DESCRIPTION OF LICENSED		
ONE FLOOR AND THREE RC PREMISES SITUATED ON SC		TCHEN WITH STORAGE IN ATTIC AT RD.
I hereby certify and swear under	penalties of perjury that:	
1. the renewed license v	will be of the same type for the	same premises now licensed;
		nonwealth relating to taxes; and
•	open for business (If not explain	•
SIGNED BY		
Individua	l, Partner or Authorized Corpo	orate Officer
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the bu	ilding inspector and the head	e certificate required by Chapter 304 of the d of the fire department for the above trance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(11 disappioved expiaiii)		
DATE:		



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LICENSE NU	MBER: 000800008		CITY OR TOWN ACUSHI	NET
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: THOMAS E	TUTTLE POST #7239 V.F	F.W.OF U.S. INC.	
DOING BUSI	NESS A			
ADDRESS 28	ROOSEVELT ST			
CITY/TOWN:	ACUSHNET	STATE: MA	ZIP CODE: 02743	
MANAGER:	PACHECO, RICHARD A.	TYPE OF LICENSE: Vet	erans club CATEGORY	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	N OF LICENSED P			
ENTIRE FIRS ROOSEVELT		LLAR OF A ONE STORY	BUILDING LOCATED AT 2	8
		nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the	licensee has complie	ed with all laws of the Comn	nonwealth relating to taxes; an	d
3. the	premises are now op	en for business (If not expla	in below)	
SIGNED BY				
	Individual, F	Partner or Authorized Corpo	rate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	ii Security Number)
Acts of 2004,	signed by the build	ing inspector and the head	e certificate required by Cha l of the fire department for the rance required by Chapter 1	he above
Please Check Belo			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	i expiaiii)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 000800009		CITY OR TOWN ACUSHI	NET
APPLICATIO	ON FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: JT'S PUB, IN	C		
DOING BUSI	NESS A			
ADDRESS 77	' SLOCUM ST			
CITY/TOWN	: ACUSHNET	STATE: MA	ZIP CODE: 02743	
MANAGER:	TAYLOR, ROBERT F.	TYPE OF LICENSE: Re	staurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
-	N OF LICENSED PR			
			TWO STORY BUILDING W. THE NORTH SIDE O F SLOC	
I hereby certify	y and swear under pen	alties of perjury that:		
1. the	renewed license will l	be of the same type for the	same premises now licensed;	
2. the	licensee has complied	l with all laws of the Com	monwealth relating to taxes; and	d
3. the	premises are now ope	en for business (If not expl	ain below)	
SIGNED BY		artner or Authorized Corpo	orate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
			(Note: NOT Individual Socia	l Security Number)
Acts of 2004,	, signed by the buildin	ng inspector and the hea	e certificate required by Cha d of the fire department for the arance required by Chapter 1	ne above
Please Check Bel	low:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROV				
(If disapprove	d explain)			
			-	
DATE:				



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LICENSE NU	MBER: 000800010		CITY OR TOWN ACUSHI	NET
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N.	AME: CENTURY H	IOUSE INC.		
DOING BUSI	NESS A			
ADDRESS 10	7 SO. MAIN ST			
CITY/TOWN:	: ACUSHNET	STATE: MA	ZIP CODE: 02743	
MANAGER:	GOULART, MANUEL A.	TYPE OF LICENSE: Res	taurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
THE ENTIRE SOUTH MAIN		A TWO STORY BLDG SIT	TUATED ON THE WEST SII	DE OF
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the	licensee has complied	d with all laws of the Comm	nonwealth relating to taxes; and	d
3. the	premises are now ope	en for business (If not expla	in below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corpo	rate Officer	
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICATION OF THE PROPERTY OF T	
			(Note: NOT Individual Socia	I Security Number)
Acts of 2004,	signed by the building	ng inspector and the head	e certificate required by Chap l of the fire department for the rance required by Chapter 1	ne above
Please Check Bel			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	u capiaiii)			
DATE:				



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LICENSE NUMBER	:000800012		CITY OR TOWN ACUSH	INE I
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	M.S. DE SILVA, I	NC.		
DOING BUSINESS				
ADDRESS 7.5 TARI	KILN HILL RD			
CITY/TOWN: ACU		STATE: MA	ZIP CODE: 02743	
		E OF LICENSE: Rest		Y: All Alcohol
J.	LVA, SUSAN TIF	E OF LICENSE. Resi	aurant CATEGOR	1. All Alcohol
EMAIL ADDRESS:				
L	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMIS	ES:		
ADDITIONAL PLA	YROOM 14X13 WI	TH REAR EXIT;STO	REA. CELLAR FOR STORA PRAGE CELLAR WITH SEP AR.NEW ADDRESS TO 7 1/1	PARATE
I hereby certify and s	wear under penalties	of perjury that:		
1. the renewe	ed license will be of t	he same type for the s	same premises now licensed;	
2. the license	ee has complied with	all laws of the Comm	onwealth relating to taxes; ar	nd
3. the premis	ses are now open for	business (If not explain	in below)	
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer	
DATE				
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
			(Note: NOT marvidual Soci	ar Security Number)
Acts of 2004, signed	by the building ins	pector and the head	certificate required by Cha of the fire department for t rance required by Chapter 1	he above
Please Check Below:			LOCAL LICENSING AUT	CHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	in)			
DATE.				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000800014		CITY OR TOWN	ACUSHNE	Γ
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		7	YEAR
LICENSEE NAME: KEDAR VARIETY	Y, INC			
DOING BUSINESS A JASON'S VARIE	TY			
ADDRESS 270 MAIN STREET				
CITY/TOWN: ACUSHNET	STATE: MA	ZIP CODE:	02743	
MANAGER: PATEL, RAMESH TYI	PE OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMIS	SES:			
THREE ROOMS ON THE FIRST FLOOR ROOM AT PREMISES SITUATED ON			OCK IN REA	R
I hereby certify and swear under penalties	of perjury that:			
1. the renewed license will be of	the same type for the	same premises now	licensed;	
2. the licensee has complied with	all laws of the Comm	onwealth relating to	taxes; and	
3. the premises are now open for	business (If not expla	in below)		
SIGNED BY				
Individual, Partner	or Authorized Corpor	rate Officer		
DATE: TELEPHON	E NUMBER:		IDENTIFICATI	
		(Note: NOT Ind	ividual Social Se	curity Number)
Please Check Below:		LOCAL LICENS	ING AUTHO	RITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000800015	CITY OR TOWN ACUSHNET			
APPLICATION FOR RENEWAL:	Annual LICENSED FOR 2013			
	CLASS YEAR			
LICENSEE NAME: CHIT-CHAT, INC				
DOING BUSINESS A SCUTTLEBUTTS				
ADDRESS 590 MAIN STREET				
CITY/TOWN: ACUSHNET STA	TE: MA ZIP CODE: 02743			
MANAGER: HATHAWAY, TYPE OF LI GARY JR	ICENSE:Package Store CATEGORY: All Alcohol			
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAIL ADDRESS			
DESCRIPTION OF LICENSED PREMISES:				
TWO ROOMS ON THE FIRST FLOOR OF A OI PREMISES ON THE EAST SIDE OF MAIN ST.	NE STORY BLDG WITH STOCK IN REAR AT			
 the renewed license will be of the same the licensee has complied with all laws the premises are now open for business 	of the Commonwealth relating to taxes; and			
SIGNED BY Individual, Partner or Author	orized Corporate Officer			
DATE: TELEPHONE NUMI	BER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Below: APPROVED:	LOCAL LICENSING AUTHORITY			
APPROVED: By: DISAPPROVED:				
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R:000800016		CITY OR T	OWN	ACUSHNI	ET
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	GONCALVES B	EVERAGES, INC	•			
DOING BUSINESS	A TOWN LIQUO	RS-ACUSHNET				
ADDRESS 1 MIDD	LE ROAD					
CITY/TOWN: AC	USHNET	STATE:	MA ZIP CO	DE:	02743	
	NCALVES, TY	YPE OF LICENSE	E:Package Store	C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YO	OUR EMAIL ADDRESS			_
DESCRIPTION OF						
TWO ROOMS WIT TO INCLUDE THE STORAGE ROOM.						
I hereby certify and	swear under penalti	es of perjury that:				
1. the renew	ved license will be o	of the same type fo	r the same premis	ses now	licensed;	
	see has complied wi			lating t	o taxes; and	
3. the premi	ises are now open for	or business (If not	explain below)			
SIGNED BY	Individual Partn	er or Authorized C	Corporate Officer			
	morvious, rurin	or or ramorized (orporate officer			
DATE:	TEI EPHO	NE NUMBER:	EM	PLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TLLLI IIO	TVE TVENIBER.	(Note:	NOT Inc	dividual Social S	Security Number)
DI GILDI						
Please Check Below: APPROVED:		LOCAL LICENSING AUTHORITY				
DISAPPROVED:			By:			
(If disapproved explain)						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 00080	0018	CITY OR TOWN	ACUSHNET
APPLICATION FOR RENE	WAL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: BONV	'ILLE ALFRED		
DOING BUSINESS A BON	VILLES MARKET		
ADDRESS 142 SO MAIN S	TREET		
CITY/TOWN: ACUSHNET	STATE: N	MA ZIP CODE:	02743
MANAGER:	TYPE OF LICENSE	:Package Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE AI	SO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS	
DESCRIPTION OF LICENS	ED PREMISES:		
	OOR OF A ONE STORY BL SIDE OF SOUTH MAIN ST		N THE CELLAR
I hereby certify and swear un	der penalties of perjury that:		
1. the renewed licen	se will be of the same type for	the same premises now	licensed;
2. the licensee has co	omplied with all laws of the C	Commonwealth relating to	taxes; and
3. the premises are n	ow open for business (If not e	explain below)	
SIGNED BY			
Indivi	dual, Partner or Authorized C	orporate Officer	
D. 1977			
DATE:	TELEPHONE NUMBER:		IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 000800019		CITY OR TOWN	ACUSHNE	T
APPLICATION FOR RENEWAL:		Annual	LICENSED FOR 2013)13
		CLASS			YEAR
LICENSEE NAME:	COELHO LIQUOR	S,INC.			
DOING BUSINESS	A				
ADDRESS 172 SOU	TH MAIN STREE				
CITY/TOWN: ACU	JSHNET	STATE: MA	ZIP CODE:	02743	
MANAGER: COE	LHO, ANGELATYPI	E OF LICENSE: Pac	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISI	ES:			
4 ROOMS ON THE SOUTH MAIN ST.	FIRST FLOOR OF A	TWO STORY BLI	OG SITUATED ON	THE EAST	SIDE OF
I hereby certify and s	wear under penalties of	of perjury that:			
1. the renew	ed license will be of the	ne same type for the	same premises now	licensed;	
	ee has complied with a		•	taxes; and	
3. the premi	ses are now open for b	usiness (If not expl	ain below)		
SIGNED BY	Individual, Partner of	or Authorized Corn	orata Officar		
	marviduai, Farmei (n Authorized Corpo	orate Officer		
DATE:	TEL EDITORE		EMPLOVED	EMPLOYER IDENTIFICATION NUMBER:	
DATE.	TELEPHONE	NUMBER:	(Note: NOT Individual Social Security Number)		
					•
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved expla	nin)				
-					
DATE:					



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LICENSE NUMBER: 00	00800024		CITY OR TOWN ACUSHNET		
APPLICATION FOR RI	ENEWAL:	Annual		LICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: J 3 DOING BUSINESS A	•	oup			
ADDRESS 162 SOUTH	MAIN ST				
CITY/TOWN: ACUSH	INET	STATE: MA	ZIP CO	DE: 02743	
MANAGER: MARME	ELO, Jose TY	YPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR F	CMAIL ADDRESS		
ONE ROOM AND KITC	CHEN ON THE	FIRST FLOOR OF		RY BLDG WITH S	TOCK IN
I hereby certify and swea	ar under penaltie	es of perjury that:			
1. the renewed l	icense will be o	f the same type for the	e same premis	ses now licensed;	
2. the licensee h	as complied wit	th all laws of the Com	monwealth re	lating to taxes; and	
3. the premises a	are now open fo	or business (If not expl	lain below)		
SIGNED BY					
In	dividual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		PLOYER IDENTIFICATE NOT Individual Social S	
We the undersigned, at Acts of 2004, signed by named license and (2) to of 2010.	the building in	nspector and the hea	d of the fire	department for the	above
Please Check Below:			LOCAL I	LICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
TI T					
DATE:					
APPLICATION FOR RENEWAL	MUST BE FII FD RV	LICENSEES DURING THE M	MONTH OF NOVE	MBER (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER: 000800027		CITY OR TOWN ACUSHNET
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: TOWN OF	ACUSHNET	
DOING BUSINESS A ACUSHN	ET RIVER VALLEY GOLF	COURSE
ADDRESS 685 MAIN ST		
CITY/TOWN: ACUSHNET	STATE: MA	ZIP CODE: 02743
MANAGER: PRZYBYSZEWSŁ DANA	(I, TYPE OF LICENSE: Rest	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS
DESCRIPTION OF LICENSED P		
ONE ROOM AND KITCHEN ON THE STORAGE ROOM	THE FIRST FLOOR OF A	ONE STORY BLDG WITH STOCK IN
3. the premises are now op	pen for business (If not expla	
DATE:		EMBLOVED IDENTIFICATION NUMBER.
TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the build	ling inspector and the head	e certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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LICENSE NUMBER: 00080002	29	CITY OR TOWN ACUSHI	NET	
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR	2013	
	CLASS		YEAR	
LICENSEE NAME: KAM CU	ISINE CORPORATION			
DOING BUSINESS A KAM'S	CUISINE RESTAURANT			
ADDRESS 132 SOUTH MAIN	ST			
CITY/TOWN: ACUSHNET	STATE: MA	ZIP CODE: 02743		
MANAGER: LI, EN FEN	TYPE OF LICENSE:R	estaurant CATEGORY	Y: All Alcohol	
EMAIL ADDRESS:				
	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICENSED				
TWO DINING ROOMS IN TH IS IN THE BACK WITH TWO		RANCES AND TWO EXITS.	KITCHEN	
Thereber and				
I hereby certify and swear under		ne same premises now licensed;		
	• •	nmonwealth relating to taxes; an	d	
-	open for business (If not exp	<u>-</u>		
SIGNED BY				
Individua	al, Partner or Authorized Corp	porate Officer		
DATE				
DATE: TE	LEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)	
		(1 toto: 1101 Individual 50cia	ar Security (variiber)	
		he certificate required by Cha		
		ad of the fire department for t surance required by Chapter 1		
of 2010.				
Please Check Below:		LOCAL LICENSING AUT	HORITY	
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				